

Case Number:	CM13-0015066		
Date Assigned:	11/08/2013	Date of Injury:	10/20/2007
Decision Date:	01/02/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	08/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and is licensed to practice in New York. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 55 year old male who sustained an injury to his back in 10/07. He has continued to complain of low back pain with radiation down both legs despite use of multiple medications. On 8/12 psychological evaluation the patient was noted to have a history of depression, anxiety disorder, dysthymia, alcohol abuse and narcotic abuse. The patient has been noted to be on Flexeril and hydrocodone since at least 12/11 and has been noted to be on topiramate since at least 3/13.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Hydrocodone/APAP 325 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

Decision rationale: Per the MTUS guidelines, it states that opioids may be continued if the employee has returned to work or has improved functioning and pain. The literature indicates that there is no evidence that opioids showed long term benefit or improvement in function when used as treatment for chronic back pain. The employee has been on the opioid for at least 2 years without evidence of functional improvement that would otherwise deteriorate. Supporting documentation is necessary to provide assessments and improvement of function and need to

continue the prescription. The request for hydrocodone/APAP is not medically necessary and appropriate.

Cyclobenzaprine 7.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41.

Decision rationale: Per the MTUS guidelines, Flexeril is recommended as an option for a short course of therapy. The effect is greatest in the first 4 days of treatment. Treatment should be brief. The addition of Flexeril to other agents is not recommended. The employee has been on this medication since at least 12/11, without documented reasons why it must be continued. The request for cyclobenzaprine is not medically necessary and appropriate.

Topiramate 25mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 21.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 17.

Decision rationale: As per MTUS guidelines, there is one randomized controlled study that has investigated topiramate for chronic low back pain. Patients in this study were excluded if they were taking opioids. According to this information, additional research was required to see how long the benefits lasted. It is recommended in the guidelines to use a more tested regimen. The request for topiramate 25mg #120 is not medically necessary and appropriate.